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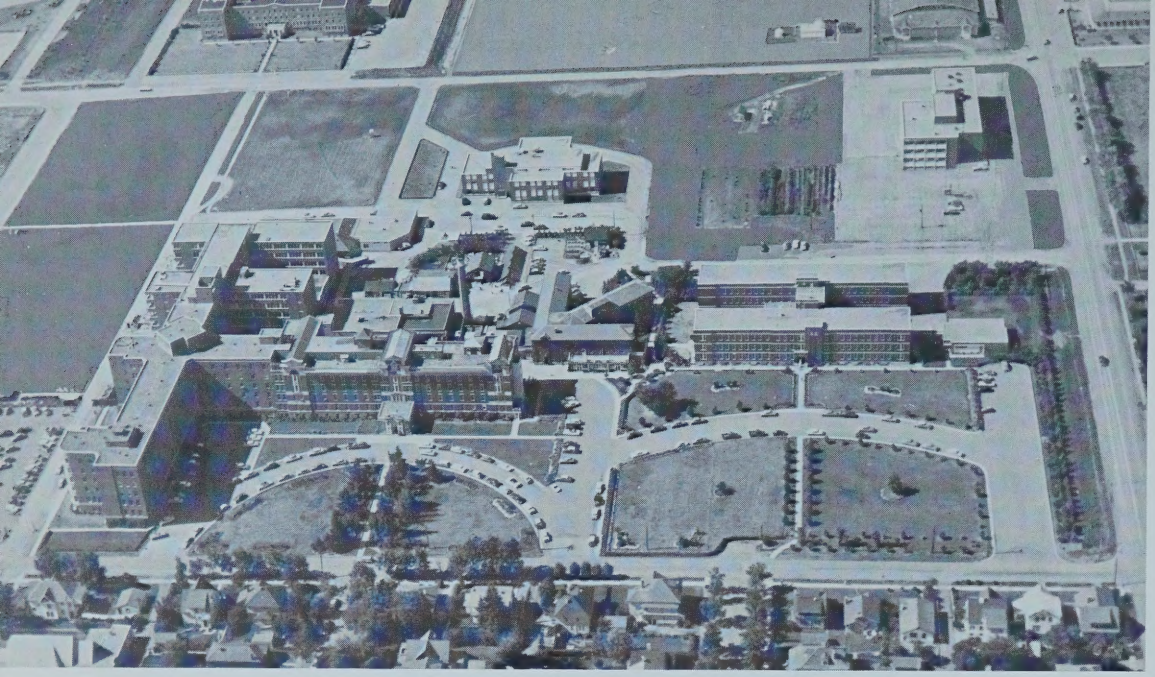
Thirty Second
annual report

FOR THE FISCAL YEAR ENDING MARCH 31, 1955

UNIVERSITY of ALBERTA HOSPITAL



Aerial View of University Hospital

UNIVERSITY HOSPITAL BOARD

D. J. Avison, D.C.M., M.M., *Chairman*

A. Somerville, M.D. (Manitoba); D.P.H. (Toronto), *Deputy Minister of Health.*

F. G. Stewart, *Assistant Deputy Provincial Treasurer,* Province of Alberta.

Edward Mather, *Chief Clerk,* Department of Public Health, Province of Alberta.

Andrew Stewart, B.S.A., M.A. (Manitoba), LL.D.; *President,* University of Alberta.

J. W. Scott, M.D., C. M. (McGill); L.M.C.C.; F.R.C.P.(C); R.C.P. & S.(C); F.A.C.P.; *Dean,* Faculty of Medicine.

W. J. Dick, M.Sc., M.E.I.C.

A. C. McGugan, M.D. (Alberta); L.M.C.C.; D.P.H. (Toronto); F.A.C.H.A.; *Superintendent,* University of Alberta Hospital.

L. Reginald Adshead, *Business Administrator* and *Secretary to the Board.*

HOSPITAL ADMINISTRATION

A. C. McGugan, M.D.—*Superintendent*

J. C. Johnston, M.D.—*Assistant Medical Superintendent*

L. R. Adshead—*Business Administrator*

G. B. Sherwood—*Assistant Business Administrator*

YOUR HOSPITAL - TODAY !

This Annual Report, although conforming in many ways to the usual plan, is presented to cover a longer review period than one year. It is only by comparisons of several years' work that one is really able to determine the progress made and thus to plan for the future.

Cold facts and statistics, by themselves, are important, and, of course, must be accurately used. But, true hospital progress is only measured by what has been done for and to people by people.

A review of the length of stay reveals a continuing decrease in the average time a patient is in hospital. One out of every two patients usually spends less than a week in hospital. Only one in eight is in hospital over four weeks, while nearly one-quarter of all patients admitted are in for less than two weeks.

There are five good reasons why the length of stay is decreasing, and along with it a return to better health faster. These are: (1) The so-called "wonder drugs"—penicillin, terramycin, streptomycin, and many others; (2) Early ambulation (getting out of bed and walking); (3) Better diagnosis, along with better pre and post operative care; (4) Improved medical and surgical techniques and better-trained personnel to apply them; (5) The use of home follow-up and care.

As a result of these factors, a person now going to hospital for surgery will likely spend only one-half as long in hospital as was the case 20 years ago.

We no longer hear of or see many of the former killers and severe damaging diseases. Pneumonia, typhoid fever, scarlet fever, now seem to be beyond the horizon and fast leaving the field of common diseases. Patients with heart diseases are now hospitalized a shorter time.

Now 90% of all babies are born in hospitals. The length of stay for the mother and baby are half what they were just 15 years ago.

Here is some of the evidence of progress in hospital care. Much more could be written. When one thinks that each year two million or more Canadians will be hospitalized—this means that three times as many this year will be in hospital as was the case 20 years ago!

THE FUTURE

No report of this kind, stressing progress in hospital operations, would be complete without some thoughts of the future.

It appears that the size of our hospital by bed capacity has now reached a reasonable maximum with the addition of the new structure being built. When this new area is opened another 270 beds will have been opened, making the total complement 1,200 beds in all. This figure reveals our hospital to be the fourth largest in Canada and the largest in the Prairie Provinces.

This growth has taken place at the expense of some hospital services which must be met. There is already need for new and expanded surgical facilities; radiological services; engineering and maintenance services; and a new morgue. In addition there is vital need for a new and enlarged Out-Patient Department to be located on the hospital grounds if we are to continue to adequately fulfill one of our major functions—that of teaching medical students in the usual practice of general medicine and the special clinical features of disease. Our present Emergency Unit already is in need of enlargement and of being made capable of handling a larger variety of conditions for the ever-expanding population in the south side of the city.

One of our most urgent requirements is adequate facilities for our House Staff. Presently these doctors are located in four separate areas in the hospital and none of these measures up to usual standards. There seems no doubt that lack of good housing, preferably in a separate home, is a deterrent to securing adequate numbers of House Officers, so necessary to good patient care in a large and active treatment hospital.

These are some of the outstanding service needs which must be met if we are to operate adequately. These can be met only by new construction of the required type to bring our total hospital up to minimal standards.

Report of the Superintendent

Mr. D. J. Avison,
Chairman,
University of Alberta Hospital Board.

Sir:

I have the honour to submit the thirty-second annual report covering the operation of the University of Alberta Hospital for the fiscal year ending March 31, 1955. As this report is submitted to the Provincial Legislature in the spring of 1956, some of the observations published herein become outdated.

PERSONNEL OF THE HOSPITAL BOARD

Mr. Donald Avison was appointed Chairman of the University of Alberta Hospital Board in September of 1954. He succeeded Mr. James Walker who resigned as Chairman as of December 31, 1953.

DEATHS

It is with deep regret that we record the death of Doctor F. H. H. Mewburn, who served the people of Alberta and this hospital faithfully and competently as an orthopaedic surgeon from 1918 to the date of his death, September 4, 1954. Dr. Mewburn served in the hospital under the Department of Soldiers' Civil Re-establishment of the Federal Government and during the years that it has been a university hospital.

It is also with deep regret that we record the death of Miss Helen Peters, who served the nursing profession of Alberta and the University Hospital from February of 1928 until her death on November 21, 1954. Miss Peters served as Assistant Superintendent of Nursing, Superintendent of Nursing, and Director of Nursing Service during the tenure of her employment in this hospital. Her life here was one of "high service, humbly offered".

APPOINTMENTS AND RESIGNATIONS

Appointments

Doctor D. R. Wilson was appointed Director of the Department of Medicine in September of 1954. He succeeded Doctor J. W. Scott, who had been head of the Department for a period of ten years. During his term of office Doctor Scott made an outstanding contribution to medical administration, not only in the University of Alberta Hospital, but in Canada as a whole.

The following appointments to the medical staff were confirmed during the year:

Doctor W. D. Price, Department of Medicine, Division of Anaesthesiology, April 1, 1954.

Doctor W. D. Kyle, Department of Medicine, Division of Anaesthesiology, January 1, 1955.

Doctor S. G. Paletz, Department of Medicine, Division of Anaesthesiology, January 1, 1955.

Doctor G. D. Carson, Department of Medicine, Division of Psychiatry, October 12, 1954.

Doctor R. S. Fraser, Department of Medicine, Division of Cardiology, October 12, 1954.

Resignations

Doctor Christine R. Howse resigned from the Division of Anaethesiology on July 3, 1954.

SPECIAL SERVICE DEPARTMENTS

Immediately following World War II, the University Hospital, in collaboration with the Faculty of Medicine of the University of Alberta, established the policy of sponsoring the training of medical doctors so that they might return to the hospital and offer the people of Alberta special services similar to those provided elsewhere on this continent. The major problem which will confront the Administration for the next few years is that of providing space and equipment for these special service departments. A brief review of some of those departments presently established is as follows:

Radio-Isotope

This unit has facilitated the treatment of goitre and certain forms of malignancy.

Rehabilitation Medicine

This unit; consisting of the divisions of physical rehabilitation (including occupational therapy and physiotherapy), social and economic rehabilitation (consisting of the divisions of diversional therapy, social service, psychiatry, and education), and industrial rehabilitation, is now operating in close collaboration with the School of Physiotherapy of the University of Alberta, and proposes to collaborate fully with the Faculty of Medicine in the training of students in Rehabilitation Medicine.

Cardiovascular and Periphero-Vascular

The Administration, on advice of the Medical Advisory Board, has continued, and will continue, to expand this unit, which has greatly facilitated the diagnosis and treatment of the more serious types of heart and vascular diseases.

Psychiatric

This unit is designed for the active, short-term treatment of a selected group of individuals suffering from acute mental maladjustments. The terms and conditions under which a patient may be admitted to the Psychiatric Unit for treatment are defined in Sections 37-43, both inclusive, of the 1953 amendment to the Mental Diseases Act, Province of Alberta.

Other special departments which offer service to the people of Alberta, and to a lesser degree to those in nearby provinces, are those of Neurosurgery, Metabolic Medicine and Orthopaedic Surgery. It is no longer necessary for the people of Alberta to go to medical centres in the East and South for diagnosis and treatment, except in rare instances.

Out-Patient

The University of Alberta Hospital for over a quarter of a century has operated an Out-Patient Department in a central location in downtown Edmonton. The medical staff of the hospital provides medical examinations gratuitously to out-patients. Any individual in the Province of Alberta, below a certain income level, may present himself at this clinic for medical evaluation and treatment.

Emergency

The hospital also operates an Emergency Department with emergency examining and operating rooms, to which anyone suffering from an emergent illness or accident may be admitted for treatment. This service is emergent and is not a free service similar to that maintaining in the Out-Patient Department. However, any emergent case is accepted and treated.

TRAINING AND RESEARCH

The training of students at all levels is one of the major functions of the hospital.

Medical Students and Graduates

Essentially all lectures in medicine in the two senior undergraduate years, and a large number of the clinics, are offered in the hospital. One ward has been assigned especially for teaching. It is hoped that we may expand the policy of assigning wards especially designed for teaching.

Graduate Level

The University of Alberta Hospital has been approved by the Royal College of Canada for the training of doctors at graduate levels in nearly all specialties. These courses are designed to enable those taking them to qualify for certification and fellowship examinations in the Royal College of Physicians and Surgeons of Canada.

A number of doctors are working on research projects in the hospital on a fellowship basis. Essentially these projects are in the nature of clinical research.

Nursing

The School of Nursing of the University of Alberta Hospital has been reorganized and both teaching and dormitory space is being added with a view to increasing the number of nurses being graduated each year. Presently the hospital graduates from sixty to seventy nurses each year. It is proposed to increase this number to from one hundred and ten to one hundred and twenty graduates per year. The hospital also offers courses and internships in Dietetics, Radiography, Clinical Laboratory Methods, Physiotherapy, and Pharmacy.

THOSE SERVED

Approximately fifty-five per cent of our admissions come from outside the City of Edmonton. This fifty-five percent is made up of twenty-nine per cent from rural Alberta, twenty-one per cent from other urban centres in the Province, and five per cent from outside the Province. Approximately eighty per cent of the patients admitted to this hospital are referred to members of the attending staff. These referred cases present special problems in diagnosis and treatment.

The University of Alberta Hospital operates the Colonel Mewburn Pavilion for the Federal Department of Veterans' Affairs, and provides services, including nursing, food, X-ray, surgical, clinical laboratory, and rehabilitative services.

AID

Acknowledgment of certain donations during the fiscal year ending March 31, 1955, is made at the end of this report. I wish particularly to acknowledge the very material assistance received from our Hospital Women's Auxiliary. Approximately one hundred especially qualified volunteer workers assist the regular staff in the care and entertainment of patients, particularly children and patients on the poliomyelitis respirator ward. I wish also to acknowledge the assistance received from the Junior Hospital League, the Lady Aberdeen League, the University Women's Club, the Lady Jaycees, the Edmonton Volunteer Services Bureau, the Associated Canadian Travellers' Association, the Edmonton Shriners, the Edmonton Kinsmen Club, the Alberta Division of the Canadian Cancer Society, The National Council of Jewish Women, and the Alberta Division of the Canadian Foundation for Poliomyelitis. To all these friends of our patients, I wish to express the very sincere appreciation of the Administration.

It affords me pleasure to acknowledge the help which I have received from the members of the Hospital Board and the loyal co-operation which I have received from all the professional and lay departments of the hospital. The loyalty of the members of our staff has made it possible for us to maintain and improve our standards of patient and teaching services.

All of which is respectfully submitted.

A. C. McGugan, M.D.
Superintendent.
June 8, 1955.

HOSPITAL FINANCES

OUR MAIN SOURCES OF INCOME

Year Ended March 31, 1955

Federal Government on behalf of D.V.A. patients	411,044.00
Provincial Government direct hospitalization payments	862,796.00
Provincial-Municipal Hospitalization Plan	453,101.00
Private and Semi-Private differentials	124,234.00
Other Sources (W.C.B., Blue Cross, Private Insurances)	1,524,937.00

OUR PRINCIPAL DISBURSEMENTS

Payroll	1,924,328.00
Food	392,044.00
Medical Supplies	459,216.00
Maintenance incl. Light, Heat and Water	223,728.00
Miscellaneous	86,413.00

PRINCIPAL ASSETS OF THE HOSPITAL

Cash on hand and in Bank	308,983.39
Inventories of goods on hand	151,947.26
Accounts Receivable less provision for doubtful accounts	475,262.06
Plant Funds including Land, Buildings and Equipment	6,166,130.22

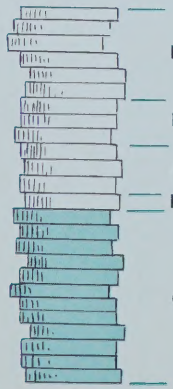
CURRENT LIABILITIES

Trade Accounts, Salaries and Wages due	96,513.89
Advance for working Capital	147,200.00

SOURCE OF CAPITAL FUNDS

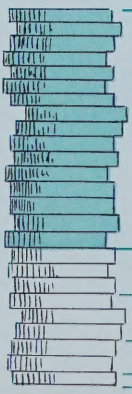
Province of Alberta	5,227,151.06
University Hospital	1,049,070.00

WHERE OUR DOLLAR COMES FROM



Provincial Government	26¢
Provincial-Municipal Hospital Plan	13¢
Federal Government	12¢
Private and Semi-Private	4¢
Other Sources	45¢

WHERE OUR DOLLAR GOES



Payroll	62¢
Food	13¢
Medical Supplies	15¢
Maintenance	7¢
Miscellaneous	3¢

COMPARATIVE STATEMENT OF MAIN SOURCES OF REVENUE

	1935	1940	1945	1950	1951	1952	1953	1954	1955
Federal Government D.V.A. patients	63,344.00	75,989.00	184,143.00	386,368.00	412,413.00	435,792.00	391,663.00	372,334.00	411,044.00
Prov. Govt. direct Hospitalization payments	62,122.00	84,415.00	101,016.00	225,990.00	234,608.00	275,039.00	472,942.00	679,416.00	862,796.00
Provincial-Municipal Hospitalization Plan					5,659.00	22,328.00	155,255.00	366,784.00	453,101.00
Differential Private and Semi-Private	11,989.00	12,891.00	13,678.00	43,412.00	44,627.00	62,264.00	111,718.00	121,662.00	124,234.00
Other Sources including W.C.B., Blue Cross and other insurances	233,332.00	265,668.00	371,878.00	1,025,386.00	1,108,452.00	1,333,687.00	1,492,204.00	1,582,335.00	1,524,937.00

COMPARATIVE STATEMENT OF EXPENDITURE

Salaries and Wages	163,447.00	217,075.00	322,638.00	883,710.00	1,000,290.00	1,274,097.00	1,488,766.00	1,687,910.00	1,924,328.00
Food	48,039.00	64,520.00	103,857.00	264,536.00	290,335.00	352,364.00	354,426.00	357,665.00	392,044.00
Medical Supplies	49,878.00	53,728.00	83,990.00	237,049.00	277,158.00	331,498.00	335,376.00	391,878.00	459,216.00
Plant Maintenance including Light, Heat and Water	43,845.00	52,742.00	112,940.00	151,872.00	150,922.00	141,766.00	156,304.00	226,194.00	223,728.00
Miscellaneous	36,111.00	38,807.00	45,234.00	48,489.00	52,900.00	50,561.00	63,411.00	65,688.00	86,413.00

COMPARATIVE STATISTICS

	1935	1940	1945	1950	1955
Medical Staff	37	37	36	52	75
Employees	261	317	488	531	828
No. Admissions	4,605	5,907	7,829	11,772	17,239
No. Beds	290	340	640	640	915
Av. Daily No. Pts.	267	309	387	492	673
Av. Stay Per Pt.	21	20	18	15	14
No. Pt. Days	97,524	117,450	141,241	179,494	245,829
Total No. Operations	2,793	3,312	4,535	6,641	8,758
No. Meals Served	504,087	582,545	656,882	893,398	1,301,660
No. Lab. Procedures	25,995	36,368	37,787	76,169	176,858
No. Biochem. Procedures	1,507	1,983	2,661	4,878	26,115
No. Student Nurses	85	97	106	177	287
Prescriptions at Cost	2,650.00	5,100.00	9,151.00	76,059.00	108,688.00
No. Radiographs	6,739	8,690	14,923	13,585	22,272
No. Autopsies	77	143	116	254	331
No. House Staff	11	12	12	27	44

MEDICAL STAFF

MEDICINE

Director of Medical Services

D. R. Wilson, B.A. (Oxford); M.D., C.M. (McGill); L.M.C.C.; F.R.C.P. (C); Spec. Cert. Int. Med., Alberta; F.A.C.P.

H. B. Armstrong, M.D. (Alberta); L.M.C.C.; Spec. Cert. Ped., R.C.P. & S. (C), and Alberta.

L. E. Beauchamp, B.Sc., M.D. (Alberta); L.M.C.C.; Spec. Cert. Ped., R.C.P. & S. (C), and Alberta.

David M. Bell, B.A., M.D. (Alberta); L.M.C.C.; Spec. Int. Med., R.C.P. & S. (C).

G. I. Bell, B.Sc., M.D. (Alberta); L.M.C.C.; F.A.C.P.; Spec. Cert. Int. Med., R.C.P. & S. (C), and Alberta.

J. Calder, M.D. (Alberta); L.M.C.C.; Spec. Cert. Ped., R.C.P. & S. (C), and Alberta.

M. M. Cantor, B.Sc., M.D. (Manitoba); L.M.C.C.; F.A.C.P.; Spec. Cert. Int. Med., R.C.P. & S. (C).

E. F. Donald, M.D. (Alberta); L.M.C.C.; Spec. Cert. Ind. Med., R.C.P. & S. (C), and Alberta.

J. Dvorkin, M.D. (Alberta); L.M.C.C.; Spec. Cert. Int. Med., R.C.P. & S. (C), and Alberta.

J. F. Elliott, B.A., M.D. (Alberta); L.M.C.C.; F.R.C.P. (C); Spec. Cert. Int. Med., R.C.P. & S. (C), and Alberta.

T. A. Gander, M.B.E.; M.D. (Alberta); L.M.C.C.; F.A.A.P.

J. A. L. Gilbert, M.B., Ch.B., M.D., F.R.C.P. (Edinburgh); M.R.C.P. (London); F.R.C.P. (C); Spec. Cert. Int. Med., R.C.P. & S. (C).

S. E. Greenhill, M.D. (Toronto); L.M.C.C.; D.P.H.; Spec. Cert. Int. Med., R.C.P. & S. (C).

L. C. Grisdale, B.Sc., M.D. (Alberta); L.M.C.C.; Spec. Cert. Ped., R.C.P. & S. (C), and Alberta.

K. A. Hamilton, B.A. (Toronto); B.A., B.M., B.Ch. (Oxford); M.R.C.P. (London); F.R.C.P. (C); Spec. Cert. Int. Med. and Psych., Alberta; F.A.C.P.

E. G. Kidd, B.Sc., M.D. (Alberta); L.M.C.C.; F.R.C.P. (C); Spec. Cert. Int. Med., R.C.P. & S. (C).

P. L. Rentiers, B.A., M.D. (Alberta); L.M.C.C.; M.S. (Minnesota); Spec. Cert. Derm. & Syph., R.C.P. & S. (C).

F. S. B. Rodman, B.Sc., Pharm.; B.Sc., M.Sc., Ph.D. (Minnesota); M.D. (Alberta); L.M.C.C.; Spec. Cert. Int. Med., R.C.P. & S. (C).

S. M. Scott, M.D. (Manitoba).

J. W. Scott, M.D., C.M. (McGill); F.R.C.P. (C); L.M.C.C.; Spec. Cert. Int. Med., R.C.P. & S. (C); F.A.C.P.

S. S. Spaner, B.A., M.D. (Alberta); L.M.C.C.; Spec. Cert. Psych., Alberta.

P. H. Sprague, M.D. (Alberta); M.S. (Minnesota); L.M.C.C.; F.A.C.P., Spec. Cert. Int. Med., R.C.P. & S. (C), and Alberta; Dipl. Amer. Bd. Int. Med.

K. A. Swallow, B.Sc., M.D. (Alberta); Spec. Cert. Ped., R.C.P. & S. (C).

R. K. Thomson, B.Sc., M.D. (Alberta); L.M.C.C.; Spec. Cert. Int. Med.; R.C.P. & S. (C), and Alberta; F.A.C.P.

SURGERY

Director of Surgical Department and Surgeon-in-Chief

W. C. MacKenzie, B.Sc., M.D., C.M. (Dalhousie); L.M.C.C.; F.R.C.S. (C); F.A.C.S.; Spec. Cert. Gen. Surg.; R.C.P. & S. (C) and Alberta; Dipl. Amer. Bd. Surg.

Associate Surgeons

R. L. Anderson, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Gen. Surg., R.C.P. & S. (C), and Alberta; F.A.C.S.

M. E. Geissinger, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); F.A.C.S.; Spec. Cert. Gen. Surg., R.C.P. & S. (C), and Alberta.

R. C. Harrison, M.D. (Alberta); L.M.C.C.; M.S.; F.R.C.S. (C); Dipl. Amer. Bd. Surg.

E. Hitchin, M.D. (Alberta); L.M.C.C.; Spec. Cert. Gen. Surg., R.C.P. & S. (C), and Alberta.

R. J. Johnston, B.S., M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Gen. Surg., R.C.P. & S. (C).

R. A. Macbeth, B.A., M.D. (Alberta); L.M.C.C.; M.Sc. Surg. (McGill); F.R.C.S. (C); Spec. Cert. Gen. Surg., R.C.P. & S. (C).

H. Meltzer, M.D. (Manitoba); L.M.C.C.; Founding Member Amer. Bd. Thor. Surg.; Spec. Cert. Thor. Surg., R.C.P. & S. (C), and Alberta.

B. Michalyshyn, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Surg., R.C.P. & S. (C), and Alberta; F.A.C.S.

G. K. Morton, M.D. (Alberta); L.M.C.C.; Spec. Cert. Neurosurg., R.C.P. & S. (C).

A. B. McCarten, M.D. (Manitoba); L.M.C.C.; F.R.C.S. (England); F.R.C.S. (C); Spec. Cert. Surg., R.C.P. & S. (C), and Alberta.

T. J. Speakman, M.D. (Manitoba); L.M.C.C.; M.Sc. (McGill); F.R.C.S. (C); Spec. Cert. Neurosurg., R.C.P. & S. (C).

W. C. Whiteside, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); F.A.C.S., F.I.C.S.; D.A.B.S. (Thor.); Spec. Cert. Gen. Surg., R.C.P. & S. (C); Cert. Thor. Surg., R.C.P. & S. (C), and Alberta.

G. L. Willox, M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Gen. Surg., R.C.P. & S. (C), and Alberta; F.A.C.S.

T. S. Wilson, B.Sc., (New Brunswick); M.D. (Toronto); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Gen. Surg., R.C.P. & S. (C), and Alberta.

OBSTETRICS AND GYNECOLOGY

Director of Department of Obstetrics and Gynecology

J. R. Vant, B.A. (Saskatchewan); M.D. (Manitoba); L.M.C.C.; Spec. Cert. Obs. & Gyn., R.C.P. & S. (C); F.R.C.O.G.; F.A.C.S.; F.R.C.S. (C).

Donald M. Bell, M.D. (Alberta); L.M.C.C.; Spec. Cert. Obs. & Gyn., Alberta.

T. R. Clarke, M.D. (Alberta); L.M.C.C.; M.R.C.O.G.; Spec. Cert. Obs. & Gyn., R.C.P. & S. (C).

A. Day, M.B. (Toronto); L.M.C.C.; Spec. Cert. Obs. & Gyn., R.C.P. & S. (C), and Alberta.

W. D. Frew, M.B., Ch.B. (Edinburgh); F.R.C.S. (C); F.A.C.S.; Spec. Cert. Obs. & Gyn., R.C.P. & S. (C); D.R.C.O.G.

R. H. Horner, M.D. (Alberta); L.M.C.C.; M.R.C.O.G.; F.A.C.S.; Dipl. Amer. Bd. Obs. & Gyn.; Spec. Cert. Obs. & Gyn., R.C.P. & S. (C), and Alberta.

M. M. Hutton, B.A., M.D. (Alberta); L.M.C.C.; F.R.C.S. (C); Spec. Cert. Obs. & Gyn., R.C.P. & S. (C); and Alberta.

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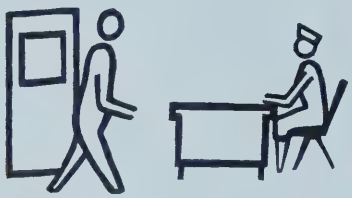
X-RAY RADIOGRAPHS 22,272

123 DOCTORS TECHNICIANS AND OTHER PROFESSIONAL STAFF

202,973 LAB PROCEDURES



8848 OUT PATIENTS

42 RESIDENTS AND INTERNS

287 STUDENT NURSE

915 NUMBER OF BEDS
17,239 PATIENTS ADMITTED

206 GRADUATE NURSES

183 NURSES AIDE AND ORDERLIE

245,829 DAYS OF STAY

1,301,660 MEALS SERVED
AVERAGE MEAL COSTS 24.38 CENTS

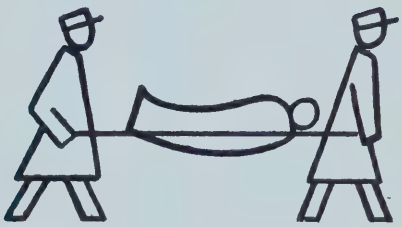
2,443,060 LBS. OF LAUNDRY PROCESSED

100 DIETARY STAFF

331 AUTOPSIES

HOUSEKEEPING EMPLOYEES

37 LAUNDRY EMPLOYEES



14,225 EMERGENCY TREATMENTS

6 MAINTENANCE EMPLOYEES

57 OTHER SERVICE PERSONNEL

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8,758 SURGICAL OPERATIONS

THE YEAR AT A GLANCE

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Over the past five years rapid strides have been made in research and the provision of special services not available elsewhere to the people of this province. Much of the basic research has been done by the helpful collaboration of the hospital with the Faculty of Medicine and the McEachern Research Laboratory.

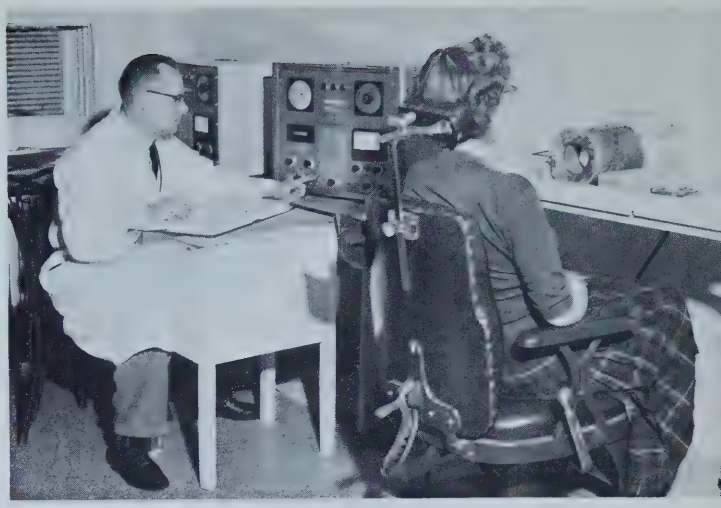
Some of the research activities are conducted by house officers as part of their training courses. Others engaged in this work are doing advanced investigative procedures having special application to current clinical problems. Some recent and present studies are:

- Sacrococcygeal Teratomata
- Serum Pepsinogen Studies in Animals and Humans
- Cerebral Effects of Hypoxia and Anoxia
- Post Gastrectomy Syndrome from the Metabolic Point of View
- Studies on Radioactive Iodine
- Transplantation of Viscera in Relation to Hypertension Studies
- The Use of Serum Pepsinogen and Urinary Pepsinogen Studies as Adjuncts to Clinical Diagnosis
- Relationships of Thyroid, Adrenal, and Pituitary Activities to Endocrine and Exocrine Activities in Gastric Function
- Congenital Hydronephrosis (with motion pictures)
- The Use of Reservoir Circulation for Intracardiac Surgery

The provision of special services, which are available to the citizens of this province so that they do not have to travel to distant medical centres, has always been a goal of this hospital. Since the last war there have been great strides made in several spheres that have greatly reduced illness and ameliorated suffering.

Endocrine Laboratory—Hormones of various types control and regulate a large number of body functions. Although there is still a great deal to be learned about these hormones, there are a few which can be reliably measured by relatively complex analyses in the laboratory. One of the hormones measured is that which, along with insulin, controls the burning of sugar in the body. Another measured is the male hormone which, strange as it may seem, is present in only slightly less amounts in the female than in the male, and is largely responsible for the body's ability to build protein. These are only two of the endocrine analyses done in this laboratory, but the others measure no less important bodily functions. In spite of the complexity of the analyses, they are available to everyone in the province, since they are done on urine specimens which may be collected and sent in for analyses.

Radioisotope Laboratory—The use of radioactive materials produced in the atomic pile has opened an entirely new field in medical diagnosis and therapy. A typical example of the use of radio-isotopes is the use of radioactive iodine in the investigation and treatment of disorders of the thyroid gland. A very tiny amount of radioactive iodine is given by mouth and is absorbed into the blood from the intestines. This iodine is used by the thyroid to make thyroid hormones. Because of its radioactivity, the radioiodine is giving off radiations that can be detected and measured by placing a sensitive detection instrument in front of the neck. Thus, if the gland is making large amounts of hormone, a high proportion of the iodine given will be detected in the gland, and conversely, if the gland is making very little hormone, only a small amount of iodine will be detected. We thus have a measure of the function of the gland. Using a large amount of radioactive iodine administered in the same way, one can irradiate an overactive gland to reduce its activity to normal or can treat some cases of cancer of this gland. Iodine is used here as an example, but there are many other radioisotopes which can be used in a similar way to study other body functions and to treat other diseases.



Testing for Radio-Active Material After Drinking the "Atomic Cocktail"

Cardiovascular Unit—In recent years there have been great advances made in the treatment of heart disease, particularly by surgery on the heart. The precise diagnosis of the heart condition is essential for a rational approach to its treatment and the Cardiovascular Unit plays the dominant role in establishing the diagnosis. The investigation of these cases usually involves the opening of a vein in the arm at the elbow and then the threading of a small polyethelene tube along the vein into the chambers of the heart. As it is passed into the large vein and the heart chambers, pressure readings are recorded and blood samples taken for analyses from the different regions. From these studies, the exact nature of the disease can usually be established and surgery recommended if it is likely that the patient will benefit from a major surgical procedure.

EMERGENCY UNIT

One of the hustling and bustling sections of a large modern hospital is its Emergency Unit. The U. A. H. has kept pace with the rapid growth of this city in providing emergency services. In November, 1954 the unit was enlarged to three times its former size. Increases in staff and equipment were made to meet the increased community demands.

Over the past four years the number of patient visits has almost doubled over each succeeding year. This increased utilization is in part reflected in other hospital services as this area of the province expands.

Full-time medical coverage by house officers and nursing staff is maintained. In addition members of our attending staff are always on call and available when needed in all the specialties.

This unit has proved to be an excellent training area for nurses and doctors who are planning to go to smaller communities and must be able to cope with all types of emergency medical and surgical situations.

THE MEDICAL STAFF

The numerical strength of our medical staff has remained relatively unchanged over the past year. The total number of all staff appointments is 132. Of these there are 75 holding active indoor staff appointments.

All staff appointments are reviewed at the beginning of each calendar year by the Hospital Board and any changes are made on the recommendation of the Medical Advisory Board.

The medical staff holds regular monthly meetings, at which are presented reviews of experiences in the hospital, presentations of research work, scientific papers, and staff business.

Critical evaluation of all deaths occurring in the hospital is carried out by the Executive of the Medical Staff. In the Departments of Surgery, Medicine, and Obstetrics and Gynaecology, monthly conferences are held at which deaths, complications, and interesting problem cases are thoroughly reviewed and scrutinized. These conferences prove especially valuable in teaching attending and house staffs. At these conferences a pathologist attends to complete the total picture of cases reviewed.

During this year the medical staff inaugurated a voluntary plan to provide full-time medical care coverage for respirator patients. This plan worked very well and after six months was replaced by a different type of coverage.

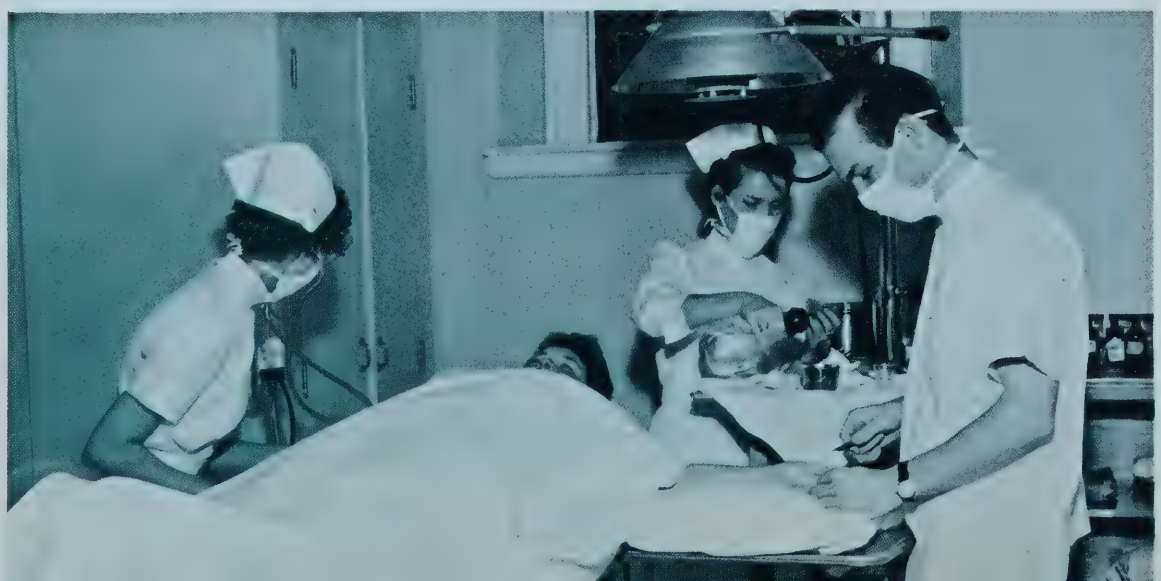
The scientific papers presented during the year were:

5 April, 1954. Acute Appendicitis—A review of 200 records of patients admitted to the U.A.H. who underwent appendectomy. *Dr. W. A. Strutz.*
7 June, 1954. Carcinoma of the Oral Cavity—showed a most interesting film only. *Dr. W. S. Hamilton.*
7 Sept., 1954. Some Observations of a Trip to Britain. *Dr. W. C. MacKenzie.*
4 Oct., 1954. Oxygen Therapy. *Dr. Gordon Bell.*
1 Nov., 1954. A Review of Splenectomies for a Ten-Year Period in U.A.H. *Dr. A. B. McCarten.*
6 Dec., 1954. Review of Pharmaceutical Products. *Mr. W. W. Maday.*
3 Jan., 1955. Anesthesia. *Dr. E. A. Gain.*
7 Feb., 1955. Review of Case Histories on Pulmonary Embolism. *Dr. E. G. Kidd.*
7 March, 1955. Surgical Research. *Dr. R. C. Harrison.* Diagnostic and Therapeutic Use of Radioactive Iodine. *Dr. A. Cairns, Dr. K. P. Kowalewski.*

DEPARTMENT OF NURSING

Several major changes in this department were inaugurated in the past fiscal year. In May, 1954, the School of Nursing of the U.A.H. was placed under full jurisdiction of the Hospital Board. Miss Jeanie S. Clark, R.N., was appointed Director of Nursing; Miss Ruth Thompson, R.N., and Miss M. Jane B. Lees, R.N., were appointed Associate Directors of Nursing Education and Nursing Service respectively.

In November, 1954, Miss Helen S. Peters died. Miss Peters was formerly Superintendent of Nurses and Superintendent of Nursing Ser-



A Surgical Section in the Emergency Unit

vice, serving the hospital from 1928 up to her death.

The Nursing Service staff has enjoyed a more stable year than in several recent years. The graduate staff level has been maintained and the establishment of Certified Nursing Aides has been able to be nearly approached. Part-time graduate nurses need no longer be employed and full-time graduates are staffing nursing units. There was an increased demand on nursing service with the opening of the Polio Respiratory Unit during April, 1954.

Nursing Education continues to expand with increases in facilities and hospital services. At the start of the fiscal year there were 287 student nurses.

All graduate students taking the R.N. examinations in 1954 were successful. Graduates from this hospital continue to maintain an enviable record in these annual examinations for nursing practise.

A Records Division, with a full-time Registrar, was established in the past year. This has proven most useful in scheduling students throughout their studies and for the staff planning of graduate nurses.

DIETARY DEPARTMENT

Always an interesting, and often intriguing, part of the operations of a large institution is its Dietary Department. Ours is no exception. Here an average of over 3,000 meals per day are prepared and served to patients and staff. Immense advance planning must be and is a continuing process. One must not lose sight of the fact that a great number of these meals are of a special order type—"tailor made" so to speak, to meet the needs of individual patients. For many of these special diets, an oven-type of hot meal serving unit has been found very successful.

In this department planning for extended food services to the new hospital addition has been carried out.

145 special events were catered to during the year. These range from small teas to large social gatherings such as Nurses' Graduation Exercises. These are in addition to the regular meals.

Training of Dietetic Interns is a part of the program in this department. Every year at least six come from various university programs to complete their education before commencing their chosen profession.

HEALTH SERVICE

The Health Service is maintained and operates for the benefit of the several groups of students in courses of training in the hospital.

The service operates as a preventive as well as a consultative type of service for the individual, and is staffed by a part-time physician with a full-time graduate nurse.

Applicants for employment in the hospital are screened and given preliminary health examinations.

A special function carried out is that of assisting in control of any in-hospital epidemics and the assessment of procedures to be carried out for specific therapy or preventive measures.

During the past year some of the work done was: 353 annual assessments of nursing staff, 162 pre-entrance assessments of prospective students, 1,274 physical examinations were completed.

Complete medical care is provided for all students such as nurses, dietetic interns, pharmacists, radiographers, laboratory technicians and house officers.

DIVISION OF CLINICAL LABORATORY SERVICES

This interesting area in a hospital may at times be likened to a message centre. From it go reports to all the clinical sections and nursing units. Specimens in great numbers and varieties go to it for examination. Myriads of tests are performed—all directly benefitting the patient by the information gained and used by the attending doctor.

Year by year we have seen a steady increase in the numbers of tests done and an expansion in the many types of examinations done. The past year has seen a big increase in the Biochemistry Section, including Endocrinology. Some reduction in the number of Basal Metabolic Rates has occurred, but only because the newer and more accurate method of estimation by radioisotopes is now being used to assess thyroid disease.

The past year has shown that the Radioisotope Laboratory has fulfilled all our expectations. During this time 484 patients received tracer doses of the "atomic cocktail". From our studies a new and better method of estimating blood levels of radioactive isotopes has been developed in conjunction with the Department of Medicine.

Student Training—The lack of well-trained laboratory technicians has for many years, been one of the factors in delaying good medical diagnosis. This need has long been recognized in the larger teaching centres which have a duty to provide technical personnel for smaller hospitals. In this hospital a certificate training program is conducted in the Clinical Laboratory. Here carefully selected students are trained in the background and special techniques of laboratory procedures. On completion

of the two-year course the trainees are equipped to do almost all the special, as well as the usual, laboratory tests. The training courses stress basic fundamentals and thorough learning. The course is fully accredited by the Canadian Society of Laboratory Technicians, and our course graduates have admirably filled positions in large and small hospitals on this continent.

It will be observed that the courses are increasing in size and at present are limited only by existing physical facilities. Training commenced with 4 students in 1951. In 1954 there were 8 and in 1955 there are 12 trainees.

PHARMACY

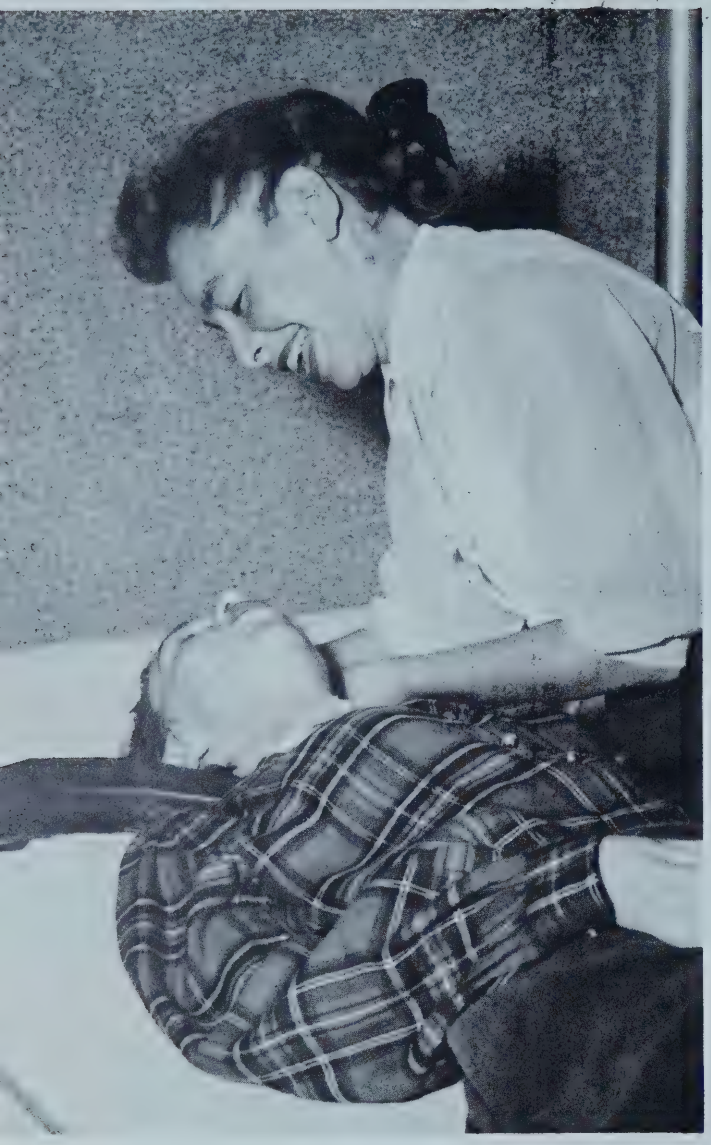
Over the years our pharmaceutical services have expanded to meet the growing demands of patient needs. In order to provide these services, it has been necessary to move the pharmacy to a new and larger location, providing over twice the floor area previously utilized. This makes the second move in less than ten years.

There has been an increasing and rapid expansion in the numbers and types of new drugs and pharmaceuticals coming into use. Many of these are the "wonder drugs" which have greatly increased the physician's armamentarium.

Along with this rapid growth has been a need to keep the doctor abreast of new developments. This has been accomplished in two ways; regular bulletins are sent out by the Director of Pharmaceutical Services with up-to-date data on new products; the other plan is to devote one of the regular meetings of medical staff to a review of new drugs, with a detailed study of these by groups and the individual preparations. Our medical staff is most high in its praise of these aids, and in addition

One of the Newly Installed Diagnostic X-Ray Machines, Capable of Doing Refined Investigation

A Section of the Pharmacy Showing Filling of Prescriptions



A Volunteer Worker Giving a Hair Shampoo

there are savings to patients by way of moderation in the use of certain expensive items. Of course, the greatest benefits come from keeping the doctor well informed of the best of the latest in the treatment of his patients.

Our pharmacy works in close cooperation with the School of Pharmacy of the University of Alberta in providing facilities and personnel for instruction on hospital pharmacy operations. This has been a tremendous help to pharmacists going to hospitals having full and part-time pharmaceutical services.

VOLUNTEER ACTIVITIES

Early in the fiscal year the Women's Auxiliary were called upon to meet a new challenge. This was in the form of providing services to a special group of patients in the Poliomyelitis Respirator Ward. There was some reorganization work done and from this evolved the plan of special services for this group of patients. It was not long before it was seen that other patients of the more chronic type could have an extension of volunteer services.

The work done consists of meeting those needs which are of a non nursing and non professional nature. Reading to patients, writing letters, shopping, hair-setting, assistance with school programs, teaching of diversional crafts, provision of magazines and reading material, and visiting are a few of the valuable pursuits carried out. A large group has now been secured who divide these duties so that regular times of work are scheduled. The benefits and help to the patients and hospital staff have been great and are truly immeasurable.

In addition to the Auxiliary, a large number of volunteer workers make great contributions of effort and time in providing entertainment, comforts, car services, tickets, parties, decorations, teaching aids, and many other helps.

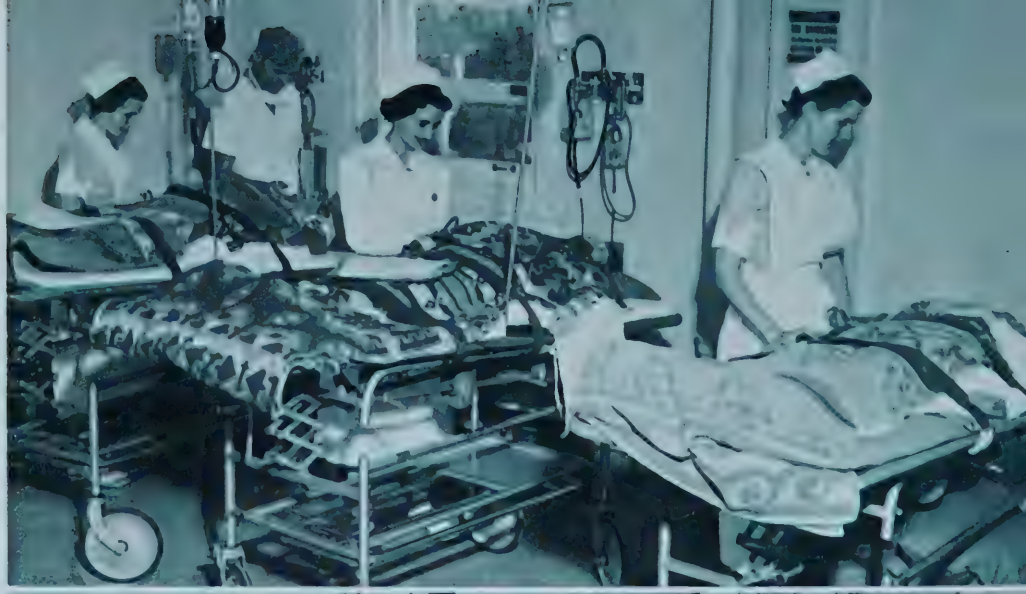
The Central Volunteer Bureau has provided many services which are not always available from other groups. Amongst these are drivers and transports to take patients home, to entertainments, and to other centres for specail procedures. A pool of well-selected workers, trained in vocational diversional activities, provides assistance to other groups working in the hospital.

The Junior Hospital League continues to make a mighty contribution to our children patients. The provision of regular teaching to these children is greatly aided by this group, which has provided faithful service for many years.

Other organized groups who have given freely of their talents are: The Lady Aberdeen League, The University Women's Club, The Lady Jaycees, The Associated Canadian Travellers' Association, The Edmonton Shriners, The Edmonton Kinsmen Club, The Alberta Division of the Canadian Cancer Society, The Edmonton Chapter of the National Council of Jewish Women, and the Alberta Division of the Canadian Foundation for Poliomyelitis.

In addition to all these, there are other groups and individuals who have given entertainment, concerts, and done special activities for selected patients.

To all these friends of our patients, sincere appreciation is recorded on their behalf by the Administration.



Anesthetic Recovery Room, where Patients are Closely Observed in the Immediate Post-Operation Period

The Electro Encephalograph used to Study "Brainwaves"

Muscle Re-Education and Re-Training in a Section of the Rehabilitation Department

DONATIONS

The welfare of our patients is continually enhanced by the very generous contributions made to them by individuals and groups. Donations have consisted of sums of money, toys, radio and television sets, dolls, flowers, toilet articles, special therapeutic equipment, newspapers, magazines, diversional therapy materials, and many, many other items of useful value.

To all our donors we are most grateful and express appreciation for our patients.

Flat Work Ironer in a Section of the Laundry

Main Information Desk

The Switchboard and Visual Call Activator Units

The Busy Admitting Office

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